Full Name of Candidate

Ohio Campaign Finance Report



Prescribed by Secretary of State 3/05

Phil Harmon for Columbus City Council Campaign Committee

OF NEC 15 PM 12: 55

Registration Number, if PAC ELED

Street Address Offi										District			
5312 Longrifle Rd.						City Council State Zip 6				Columbus			
Westerville							OH	stc	Zip Code	308 ⁻	1		
Type of Report Pre-Primary Post-Primary							Post-C		Post-General		Annual Year		
place X to the left of report ype)		July Monthly	September Monthly		Termina	tion		Semiannu	al 				
mended Report?	■ No	Report Electronically	Filed?	Yes 🖲 No	Date of	Election	1	1	0	8	0 Y	5	
or candidates only, during an el o other forms are required for a	ection y post-pr	ear: if total contribution	ons and ex period, if	penditures each total \$500 or labove statement applies. See I	ess duri R.C. 351	ng the combined pre- 7.10(H) for details.	and post-peri	ods at one	e election,	check t	юх ∐		
	l. An	ount brought forwar	rd from la	st report		\$	\$44,12	8.65					
	2. To	tal monetary contrib	utions (Fr	om Form No. 31-A)		\$	\$70	5.00					
	3. To	tal other income (Fro	m Form l	No. 31-A-2)		\$							
	4. Tot	tal funds available (su	ım of line	s 1, 2, 3)		s	\$44,83	3.65					
	5. Total monetary expenditures (From Form No. 31-B)						\$44,68	9.07					
	6. Balance on hand (line 4 minus line 5)						\$14 ——	4.58					
	7. Val	lue of in-kind contrib	utions re	ceived (From Form No. 31-J	-1)	s							
	8. Val	tue of in-kind contrib	utions m	ade (From Form No. 31-J-2)		s		-	_				
	9. Ou	tstanding loans owed	by comn	nittee (From Form No. 31-C)	s	\$7,25	0.00					
	10. O	utstanding debts owe	d by com	mittee (From Form No. 31-!	N)	\$							
	11, 0	utstanding loans owe	d to com	nittee (From Form No. 31-K)	s							
	12. V	alue of independent e	xpenditu	res made (From Form No. 3	1-U)	\$							
		or Electronic Filing I um of lines 2, 7, and		dy f any new loans received this	period	\$							
HE INFORMATION CONTA ALSIFICATION IS GUILTY					F ELEC	THON FAUSIFICA	TION. WHO	EVER C	OMMITS	SELEC	TION		
Phillip L. Harmor	ı, De	ep. Treas.		Sice of	- 1	Sauce			12-15-	2005	5		
rint Name and Title (Treasurer	and Dep	outy Treasurer only)		Signature					Date				
Contribution 2		Expend	iture 7		- 1	Other 1 pages				Total pages_	10		

3	1-	Α			
R	C	351	7	1	Ó

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						· · · · · · · · · · · · · · · · · · ·
Phil Harmon for Columbus C	ity Council Campa	ign Committe				
Full Name of Contributor			Registra	ation Nun	nber, if Pa	A C
See attached sheet #1		· · · · · · · · · · · · · · · · · · ·				
Street Address	Employer/Occu	pation/Labor Organization	on*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
			D	1 37	1 100	705.00
Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC .
Street Address	Employer/Occu	pation/Labor Organization	on*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	ation Nun	ber, if Pa	AC
Company Addition	Employer/Out	pation/Labor Organization	n*			Form (Cash, Check, etc.)
Street Address	Employer/Occu		лг			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	<u> </u>		Registra	ation Nun	nber, if P	AC .
Street Address	Employer/Occu	pation/Labor Organization	on*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y .	Amount
Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC
Street Address	Employer/Occu	pation/Labor Organization	on*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	·	<u> </u>	Registr	ation Nun	nber, if Pa	AC .
Street Address	Employer/Occu	pation/Labor Organization	on*	•		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	<u> </u>		Registra	ation Nun	iber, if P	AC
Street Address	Employer/Occu	pation/Labor Organization	on*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	ation Nun	aber, if P	AC .
Street Address	Employer/Occu	pation/Labor Organization	on*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$	705.00

) 1 40	3\$	44	4 ^	<i>6</i> ^	<i>t</i> • •	Contributio
\$55.00	00.00	\$50.00	50.00	325.00	25.00	ution
11/1/2005		٠.	٠.	11/1/2005	٠.	(40
4130 Adrion	2468 Bernsdorf	8957 Kensinger	1072 Harper	4512 Ditmars	10917 Fenn	heck # Last Name
	Stephen	James	Donald	David	Lois	First Nar
2241 Adner Ct.	2020 Longwood Ave.	6705 Maplebrook Ln.	1765 Lynnhaven Dr.	600 Teteridge Rd.	4422 Norwell Dr.	N Street Address
	Grove City					City
오	오	오	오	오	오	State
43220 Realtor-Self	43123 Owner-M&D Co.	43235 Accountant-Self	43221 Professor OSU - Retired	43214 Wilke Thornton - Executive	43220 Homemaker	ZIP Employer

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full	ail Camanai	- Cammittaa					
Phil Harmon for Columbus City Coun	cii Campai	gn Committee	1 34	Гъ	i v	[A 4	
To Whom Paid Sam's Club			$1 \frac{M}{1 \mid 1}$	$\begin{bmatrix} 0\\0 \end{bmatrix} 8$	$0^{1}5$	Amount	294.20
Address	Purpose		1 1	1010	10:5	<u> </u>	
Addiess		Eve Reception					
City	State	Zip Code	Check N	lumber			
Columbus	-			Credi	t		
To Whom Paid		· · · · · · · · · · · · · · · · · · ·	M	D	Y	Amount	
Honey Baked Ham			1 1 1	0 8	0:5		43.56
Address	Purpose						
4053 Morse Crossing		Eve Reception			_		
City	State	Zip Code	Check N				
Columbus	O H	45219		Credi	.t		
To Whom Paid			М	D	γ_	Amount	20.55
Meijer	T ₁₂	W. 13	1 1	0 8	0 5		28.57
Address	Purpose	Ensa Danasations					
5050 N. Hamilton Rd.	State	Eve Reception Zip Code	Check N	T b			
City Columbus	O H	Zip Code		Credi	+		
To Whom Paid	1 () : 11		М	Credi D	ΓY	Amount	
Columbus Post			1 1	1			119.65
Address	Purpose		1 1 1	<u> </u>	0,0		117.05
172 E. State St., 6th Fl.		Advertising					
City	State	Zip Code	Check N	lumber			
Columbus	$O \mid H$	43215		2046			
To Whom Paid			М	D	Y	Amount	
Capital Creative			1 1	1 0	0 5	İ	300.00
Address	Purpose		-				
711 Oak Street	Political	Advertising					
City	State	Zip Code	Check N				
Columbus	$O \mid H$	43205		2047			
To Whom Paid			M	D	Y	Amount	
Jim Hern Productions			1 1	1 0	0 5		740.00
Address	Purpose	A 1					
10340 Stoudertown Rd.		Advertising	(a) 1.1				
City Di La do a la se	State H	Zip Code 43147	Check N				
Pickerington	O:D	43147	—	2048		America	
To Whom Paid A Pope Entounning			$1 \frac{M}{1}$	$\begin{bmatrix} 1 & 1 & 0 \\ 1 & 1 & 0 \end{bmatrix}$	$\begin{bmatrix} \mathbf{y} \\ 0 \end{bmatrix} 5$	Amount	405.65
A Pons Enterprise	Purpose	<u>'</u>	I T T	1110	0 3		400.00
6387 Stonebridge St.		Advertising					
City	State	Zip Code	Check N	Jumber			
Columbus`	H	43229		2049			
To Whom Paid	<u> </u>		М	D	Y	Amount	
Martin Luther King Center for Perforn	ning Arts		$1 \mid 1$	0 7	0 5		52.00
Address	Purpose			-	. ~ ~		
867 Mt. Vernon Ave.	Rental -	Gang Violence Com	munity	Foru	ım		
City	State	Zip Code	Check N	lumber			
Columb <u>us</u>	$O \mid H$	43203	1	Credi	.t		

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Phil Harmon for Columbus C	City Council Campa	nign Committee					
To Whom Paid			М	D	Y	Amount	
Google			1 0	0 6	0 5		6.89
Address	Purpose Politica	al Advertising					
City	State	Zip Code	Check 1	Number Credi	it		
To Whom Paid			M	D	Y	Amount	2.62
Google	Purpose		1 2	1 2	0 5		2.63
Address		al Advertising					
City	State	Zip Code	Check 1	Number			
				Credi	_		
To Whom Paid Pay-PaI			М 0 7	$\begin{pmatrix} D \\ 2 \end{pmatrix}$	$\begin{bmatrix} v \\ 0 \end{bmatrix} 5$	Amount	1.49
Address	Purpose		10,	14 /	10.0		1,1/
	Politica	al Advertising					
City	State	Zip Code	Check	Number			
To Whom Paid			М	D	Y	Amount	
Credit Memo			1 2				(55.57)
Address	Purpose Adjust	ment					,
City	State	Zip Code	Check I	Number			
					7		
To Whom Paid Phillip L. Harmon			$\begin{bmatrix} M \\ 1 \end{bmatrix} 1$	$\begin{bmatrix} D \\ 2 \end{bmatrix} 8$	$\begin{vmatrix} \mathbf{Y} \\ 0 & 5 \end{vmatrix}$	Amount	42,750.00
Address	Purpose		<u> </u>	1	[0]0		12), 00.00
5312 Longrifle Rd.	Loan R	<u>epayment - Partial</u>					
City	State	Zip Code	Check 1	Number			
Westerville	ОН	43081		2051			
To Whom Paid			M	D	Y	Amount	
Address	Purpose		_				
City	State	Zip Code	Check 1	Number			
To Whom Paid	<u> </u>		M	D	Y	Amount	
TO WIGHT and				~	'	Amount	
Address	Purpose	•					
City	State	Zip Code	Check 1	Number			
To Whom Paid			М	D	Y	Amount	
Address	Purpose				<u></u>		
		77. 6.1	<u> </u>	.,			
City	State	Zip Code	Check 1	Number			

Statement of Loans Received

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Page		

Prescribed by Secretary of State 3/05

From Whom Received				_					Prior Am	oun1		Amt. Incurred this Period	
Phil Harmon									,000.00	0	\$0.00		
Address 5312 Longrifle Rd.												Outstanding Balance \$7,250.00	
Tity Westerville	St ate OH	Zip Code 43081		Loans Received This Period Date Amount					Date	Payments	ts This Period		
Date Loan was originally Incurred Registration Number, if PAC	0 7	2 9	0 ^Y 5	M	D	Y	\$ 		1 1 M	2 8	0 5	\$ \$42,750.00	
Employer/Occupation/Labor Organ Attorney, self, 6649 N. High 5		ngton, O⊢	1 43085	M	D	Y			М	D	Y.		
From Whom Received									Prior Am	ount		Amt. Incurred this Period	
Address												Outstanding Balance	
City	St ate OH	Zip Code	1	Ī	Loan Date	s Recei	ved This Pe	eriod Amount		Date	Payments	This Period Amount	
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$	
Registration Number, if PAC				М	D	Y			М	D	Y		
Employer/Occupation/Labor Organ	ization*			М	D	Y			М	D	Y	· -	
From Whom Received				., !	1 :				Prior An	lount		Amt. Incurred this Period	
Address												Outstanding Balance	
City	St atc OH	Zip Code	:	.1	Loan Date	s Recei	ved This Pe	eriod Amount		Date	ayments	This Period Amount	
Date Loan was originally Incurred	M	D	Y	M	D	Y	\$		M :	D	Y	\$	
Registration Number, if PAC	•			М	D	Y			М	D	Y		
Employer/Occupation/Labor Organ	ization*			М	D	Y	1		М	D	Y	<u></u>	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total prior amount \$\$50	,000.00	
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
³ Total payments this period \$	\$42,750.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$7,250.00	(To Form No. 30-A)

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]